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| Fill in this information to identify your case: | | |
|---|---------------------------------|---------------------------------|
| United States Bankruptcy Court for the: | | |
| NORTHERN DISTRICT OF ILLINOIS | _ | |
| Case number (if known) | _ Chapter you are filing under: | |
| | ☐ Chapter 7 | |
| | ☐ Chapter 11 | |
| | ☐ Chapter 12 | |
| | Chapter 13 | Check if this an amended filing |

Official Form 101

Voluntary Petition for Individuals Filing for Bankruptcy

12/17

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

| Par | t 1: Identify Yourself | | |
|-----|--|---|--|
| | | About Debtor 1: | About Debtor 2 (Spouse Only in a Joint Case): |
| 1. | Your full name | | |
| | Write the name that is on your government-issued picture identification (for example, your driver's license or passport). Bring your picture identification to your meeting with the trustee. | First name C. Middle name Harris Last name and Suffix (Sr., Jr., II, III) | Thelma First name D. Middle name Harris Last name and Suffix (Sr., Jr., II, III) |
| 2. | All other names you have used in the last 8 years Include your married or maiden names. | | |
| 3. | Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number (ITIN) | xxx-xx-4658 | xxx-xx-2190 |

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Debtor 1 Jeffrey C. Harris
Thelma D. Harris

Case number (if known)

| | About Debtor 1: | About Debtor 2 (Spouse Only in a Joint Case): |
|---|---|--|
| Any business names and Employer Identification Numbers (EIN) you have used in the last 8 years Include trade names and doing business as names | ■ I have not used any business name or EINs. Business name(s) | ■ I have not used any business name or EINs. Business name(s) |
| | EINs | EINs |
| Where you live | 5402 Rockingham Drive | If Debtor 2 lives at a different address: |
| | Number, Street, City, State & ZIP Code | Number, Street, City, State & ZIP Code |
| | Winnebago | |
| | , | County |
| | If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address. | If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address. |
| | Number, P.O. Box, Street, City, State & ZIP Code | Number, P.O. Box, Street, City, State & ZIP Code |
| Why you are choosing this district to file for bankruptcy | Check one: Over the last 180 days before filing this petition, I have lived in this district longer than in any other district. I have another reason. Explain. (See 28 U.S.C. § 1408.) | Check one: Over the last 180 days before filing this petition, I have lived in this district longer than in any other district. I have another reason. Explain. (See 28 U.S.C. § 1408.) |
| | Employer Identification Numbers (EIN) you have used in the last 8 years Include trade names and doing business as names Where you live Why you are choosing this district to file for | Any business names and Employer Identification Numbers (EIN) you have used in the last 8 years Include trade names and doing business as names Business name(s) EINs Where you live 5402 Rockingham Drive Loves Park, IL 61111 Number, Street, City, State & ZIP Code Winnebago County If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address. Number, P.O. Box, Street, City, State & ZIP Code Why you are choosing this district to file for bankruptcy Check one: Over the last 180 days before filing this petition, I have lived in this district longer than in any other district. I have another reason. |

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Debtor 2 Thelma D. Harris Case number (if known) Part 2: Tell the Court About Your Bankruptcy Case Check one. (For a brief description of each, see Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy 7. The chapter of the Bankruptcy Code you are (Form 2010)). Also, go to the top of page 1 and check the appropriate box. choosing to file under ☐ Chapter 7 ☐ Chapter 11 ☐ Chapter 12 Chapter 13 How you will pay the fee I will pay the entire fee when I file my petition. Please check with the clerk's office in your local court for more details about how you may pay. Typically, if you are paying the fee yourself, you may pay with cash, cashier's check, or money order. If your attorney is submitting your payment on your behalf, your attorney may pay with a credit card or check with a pre-printed address. I need to pay the fee in installments. If you choose this option, sign and attach the Application for Individuals to Pay The Filing Fee in Installments (Official Form 103A). I request that my fee be waived (You may request this option only if you are filing for Chapter 7. By law, a judge may, but is not required to, waive your fee, and may do so only if your income is less than 150% of the official poverty line that applies to your family size and you are unable to pay the fee in installments). If you choose this option, you must fill out the Application to Have the Chapter 7 Filing Fee Waived (Official Form 103B) and file it with your petition. Have you filed for ■ No. bankruptcy within the last 8 years? ☐ Yes. When District Case number When District Case number When District Case number 10. Are any bankruptcy ■ No cases pending or being filed by a spouse who is ☐ Yes. not filing this case with you, or by a business partner, or by an affiliate? Relationship to you Debtor When Case number, if known District Debtor Relationship to you When District Case number, if known 11. Do you rent your Go to line 12. No. residence? Has your landlord obtained an eviction judgment against you? ☐ Yes. No. Go to line 12. Yes. Fill out Initial Statement About an Eviction Judgment Against You (Form 101A) and file it as part of this bankruptcy petition.

Jeffrey C. Harris

Debtor 1

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| | otor 1 Jeffrey C. Harris otor 2 Thelma D. Harris | | Docui | Case number (if known) |
|-----|--|--------------------|---|--|
| Par | t 3: Report About Any Bu | ısinesses | You Own as a Sole Propr | rietor |
| 12. | Are you a sole proprietor of any full- or part-time business? | □ No. | Go to Part 4. | |
| | | Yes. | Name and location of b | pusiness |
| | A sole proprietorship is a business you operate as an individual, and is not a separate legal entity such | | World Financial Gro Name of business, if ar | |
| | as a corporation, partnership, or LLC. If you have more than one sole proprietorship, use a | | 850 North Church S Rockford, IL 61103 | |
| | separate sheet and attach | | Number, Street, City, S | |
| | it to this petition. | | | box to describe your business: |
| | | | | isiness (as defined in 11 U.S.C. § 101(27A)) |
| | | | _ • | eal Estate (as defined in 11 U.S.C. § 101(51B)) |
| | | | | s defined in 11 U.S.C. § 101(53A)) |
| | | | - | oker (as defined in 11 U.S.C. § 101(6)) |
| | | | None of the abo | ove |
| 13. | Are you filing under Chapter 11 of the Bankruptcy Code and are you a small business debtor? | deadline operation | es. If you indicate that you a | ne court must know whether you are a small business debtor so that it can set appropriate re a small business debtor, you must attach your most recent balance sheet, statement of d federal income tax return or if any of these documents do not exist, follow the procedure |
| | For a definition of small | ■ No. | I am not filing under Ch | napter 11. |
| | business debtor, see 11 U.S.C. § 101(51D). | □ No. | I am filing under Chapte Code. | er 11, but I am NOT a small business debtor according to the definition in the Bankruptcy |
| | | ☐ Yes. | I am filing under Chapte | er 11 and I am a small business debtor according to the definition in the Bankruptcy Code. |
| Par | t 4: Report if You Own or | Have Any | y Hazardous Property or <i>I</i> | Any Property That Needs Immediate Attention |
| 14. | Do you own or have any property that poses or is alleged to pose a threat of imminent and | ■ No. | What is the hazard? | |
| | identifiable hazard to public health or safety? Or do you own any property that needs immediate attention? | | If immediate attention is needed, why is it needed? | 7 |
| | For example, do you own | | ,,, | |
| | perishable goods, or livestock that must be fed, or a building that needs urgent repairs? | | Where is the property? | |
| | агуын төрап с | | | Number, Street, City, State & Zip Code |
| | | | | |

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Debtor 1 Jeffrey C. Harris

Debtor 2 Thelma D. Harris

Case number (if known)

Part 5: Explain Your

Explain Your Efforts to Receive a Briefing About Credit Counseling

Tell the court whether you have received a briefing about credit counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

About Debtor 1:

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

☐ I am not required to receive a briefing about credit counseling because of:

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver credit counseling with the court.

About Debtor 2 (Spouse Only in a Joint Case):

You must check one.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

☐ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

| I am not required to receive a briefing about credit |
|--|
| counseling because of: |

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

☐ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court. Case 18-80791 Doc 1 Filed 04/11/18 Entered 04/11/18 10:42:31 Desc Main Document Page 6 of 52

Jeffrey C. Harris Debtor 1 Debtor 2 Thelma D. Harris Case number (if known) **Answer These Questions for Reporting Purposes** Part 6: 16. What kind of debts do 16a. Are your debts primarily consumer debts? Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose." you have? ■ No. Go to line 16b. Yes. Go to line 17. 16b. Are your debts primarily business debts? Business debts are debts that you incurred to obtain money for a business or investment or through the operation of the business or investment. ■ No. Go to line 16c. ☐ Yes. Go to line 17. 16c. State the type of debts you owe that are not consumer debts or business debts 17. Are you filing under I am not filing under Chapter 7. Go to line 18. No. Chapter 7? Do you estimate that I am filing under Chapter 7. Do you estimate that after any exempt property is excluded and administrative expenses ☐ Yes. after any exempt are paid that funds will be available to distribute to unsecured creditors? property is excluded and administrative expenses ☐ No are paid that funds will ☐ Yes be available for distribution to unsecured creditors? 18. How many Creditors do 1-49 **1**,000-5,000 **1** 25,001-50,000 you estimate that you **5001-10,000 5**0,001-100,000 □ 50-99 owe? **1**0,001-25,000 ☐ More than 100,000 **1**00-199 **200-999** 19. How much do you □ \$0 - \$50,000 □ \$1,000,001 - \$10 million □ \$500,000,001 - \$1 billion estimate your assets to □ \$50,001 - \$100,000 □ \$10,000,001 - \$50 million □ \$1,000,000,001 - \$10 billion be worth? □ \$50,000,001 - \$100 million □ \$10.000.000.001 - \$50 billion **\$100,001 - \$500,000** □ \$100,000,001 - \$500 million ☐ More than \$50 billion □ \$500,001 - \$1 million 20. How much do you □ \$0 - \$50,000 □ \$1,000,001 - \$10 million □ \$500,000,001 - \$1 billion estimate your liabilities □ \$50,001 - \$100,000 □ \$10,000,001 - \$50 million □ \$1,000,000,001 - \$10 billion to be? □ \$50,000,001 - \$100 million □ \$10,000,000,001 - \$50 billion **\$100,001 - \$500,000** □ \$100.000.001 - \$500 million ☐ More than \$50 billion □ \$500,001 - \$1 million Part 7: Sign Below I have examined this petition, and I declare under penalty of perjury that the information provided is true and correct. For you If I have chosen to file under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, 11,12, or 13 of title 11, United States Code. I understand the relief available under each chapter, and I choose to proceed under Chapter 7. If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b). I request relief in accordance with the chapter of title 11, United States Code, specified in this petition. I understand making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571. /s/ Jeffrey C. Harris /s/ Thelma D. Harris Jeffrey C. Harris Thelma D. Harris Signature of Debtor 1 Signature of Debtor 2 Executed on April 11, 2018 Executed on April 11, 2018 MM / DD / YYYY MM / DD / YYYY

| Debtor 1 | Jeffrey C. Harris | 30701 3001 | Document | Page 7 of 52 | 0 10.42.01 | Description 1 |
|----------|--|-----------------------------|------------------------------|---------------------------|----------------------|---|
| Debtor 2 | Thelma D. Harris | | | Cas | e number (if known) | |
| | | | | | | |
| | attorney, if you are ed by one | under Chapter 7, 11, | 12, or 13 of title 11, Unite | d States Code, and have e | explained the relief | r(s) about eligibility to proceed available under each chapter required by 11 U.S.C. § 342(b) |
| • | not represented by ey, you do not need s page. | and, in a case in whi | 9 | | ` ' | iry that the information in the |
| | | /s/ Erin L. Nash | | Date | April 11, 2018 | |
| | | Signature of Attorney | for Debtor | | MM / DD / YYYY | |
| | | Erin L. Nash 6304 | 1953 | | | |
| | | Loves Park Legal | Clinic | | | |
| | | 535 Loves Park D | rive | | | |
| | | Loves Park, IL 61 | | | | |
| | | Number, Street, City, State | & ZIP Code | | | |

Email address

enash2425@gmail.com

Contact phone (815) 654-3060

6304953 IL Bar number & State

| | | DOCUM | eni Page 8 or 5/ | |
|------------------------|--------------------------|-------------------|------------------|-----------------------|
| Fill in this infor | mation to identify your | case: | | |
| Debtor 1 | Jeffrey C. Harris | | | |
| | First Name | Middle Name | Last Name | |
| Debtor 2 | Thelma D. Harris | | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name | |
| United States Ba | ankruptcy Court for the: | NORTHERN DISTRICT | OF ILLINOIS | |
| Case number (if known) | | | | ☐ Check if this is an |
| | | | | amended filing |

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new Summary and check the box at the top of this page

| | | Your a | ssets of what you own |
|-----|--|------------|--------------------------|
| 1. | Schedule A/B: Property (Official Form 106A/B) 1a. Copy line 55, Total real estate, from Schedule A/B | \$ | 125,000.00 |
| | 1b. Copy line 62, Total personal property, from Schedule A/B | \$ | 74,271.08 |
| | 1c. Copy line 63, Total of all property on Schedule A/B | \$ | 199,271.08 |
| Pai | t 2: Summarize Your Liabilities | | |
| | | | iabilities nt you owe |
| 2. | Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D) 2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D | \$ | 170,557.00 |
| 3. | Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F | \$ | 0.00 |
| | 3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F | \$ | 32,161.26 |
| | Your total liabilities | \$ | 202,718.26 |
| Paı | t 3: Summarize Your Income and Expenses | | |
| 4. | Schedule I: Your Income (Official Form 106I) Copy your combined monthly income from line 12 of Schedule I | \$ | 6,314.82 |
| 5. | Schedule J: Your Expenses (Official Form 106J) Copy your monthly expenses from line 22c of Schedule J | \$ | 5,864.00 |
| Paı | t 4: Answer These Questions for Administrative and Statistical Records | | |
| 6. | Are you filing for bankruptcy under Chapters 7, 11, or 13? No. You have nothing to report on this part of the form. Check this box and submit this form to the court with you | r other sc | hedules. |
| 7. | ■ Yes What kind of debt do you have? | | |

- household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.
- Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

| | | Document | Page 9 of 52 | |
|----------|-------------------|----------|------------------------|--|
| Debtor 1 | Jeffrey C. Harris | | 3 | |
| Debtor 2 | Thelma D. Harris | | Case number (if known) | |

8. From the Statement of Your Current Monthly Income: Copy your total current monthly income from Official Form 122A-1 Line 11; OR, Form 122B Line 11; OR, Form 122C-1 Line 14.

9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

| | Tot | al claim |
|--|------|----------|
| From Part 4 on Schedule E/F, copy the following: | | |
| 9a. Domestic support obligations (Copy line 6a.) | \$ | 0.00 |
| 9b. Taxes and certain other debts you owe the government. (Copy line 6b.) | \$ | 0.00 |
| 9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.) | \$ | 0.00 |
| 9d. Student loans. (Copy line 6f.) | \$ | 0.00 |
| 9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.) | \$ _ | 0.00 |
| 9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.) | +\$ | 0.00 |
| 9g. Total. Add lines 9a through 9f. | \$ | 0.00 |

| | (| Case 18-8079: | 1 Doc 1 | Filed 04/11/18 Document | Entered 04/11/18 Page 10 of 52 | 3 10:42:31 | Desc | Main |
|----------------------|---|--|-----------------------------|--|---|------------------|---------------|---|
| Fill | in this inf | ormation to identify | your case and th | nis filing: | | | | |
| Deb | btor 1 | Jeffrey C. Ha | arris | | | | | |
| Dak | htor 2 | First Name | | e Name | Last Name | | | |
| | btor 2 buse, if filing) | Thelma D. H | | Name | Last Name | | | |
| Uni | ited States | Bankruptcy Court for | the: NORTHER | N DISTRICT OF ILLIN | NOIS | | | |
| Cas | se number | | | | | | | Check if this is an |
| | | | | | _ | | | amended filing |
| So In ea think | chedu ach category k it fits best | Be as complete and a nore space is needed, | coperty escribe items. List | e. If two married people | an asset fits in more than one e are filing together, both are e e top of any additional pages, | qually responsib | le for suppl | ying correct |
| | | | | | vn or Have an Interest In | | | |
| _ | _ | | uitable interest in a | iny residence, building, | , land, or similar property? | | | |
| | No. Go to | Part 2. re is the property? | | | | | | |
| 1.1 | 5402 Ro | ockingham Drive | | What is the property Single-family h | | Do not deduct se | ecured claims | s or exemptions. Put |
| | Street addre | ess, if available, or other des | cription | | or cooperative | the amount of an | y secured cla | aims on Schedule D: Secured by Property. |
| | Loves F | Park IL | 61111-0000 | ☐ Manufactured☐ Land | or mobile home | Current value of | | current value of the |
| | City | State | ZIP Code | ☐ Investment pro | operty | entire property? | • | ortion you own? \$125,000.00 |
| | | | | ☐ Timeshare ☐ Other Who has an interest ☐ Debtor 1 only | t in the property? Check one | | nple, tenanc | ownership interest y by the entireties, or |
| | Winneb | ago | | Debtor 2 only | | | | |
| | County | - | | Debtor 1 and I | • | ☐ Check if thi | is is commu | nity property |
| | | | | | f the debtors and another ou wish to add about this item | (see instruction | ins) | |
| | | | | property identification | | , Jaon as Iodal | | |
| | | | | | | | | |
| 2. | | | | | rom Part 1, including any | | | \$125,000.00 |

Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on Schedule G: Executory Contracts and Unexpired Leases.

Official Form 106A/B Schedule A/B: Property page 1

Part 2: Describe Your Vehicles

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| Debtor 2 Thelma D. Harris Thelma D. Harris | | | | Case number (if known) | | |
|--|---|--|---|---|---|--|
| | , , | trucks, tractors, sport utility | vehicles, motorcycles | | | |
| | | | | | | |
| • | res . | | | | | |
| 3.1 | Make: Model: | Nissan Altima | Who has an interest in the property? Check one ☐ Debtor 1 only | the amount of any se | ed claims or exemptions. Put cured claims on Schedule D: | |
| | Year: | 2017 | Debtor 2 only | Current value of the | | |
| | | nate mileage: 8500 | | entire property? | portion you own? | |
| | Other inf | ormation: | At least one of the debtors and another | | | |
| | | | Check if this is community property (see instructions) | \$15,000.0 | 915,000.00 | |
| 3.2 | Make: | Nissan | Who has an interest in the property? Check one | | ed claims or exemptions. Put | |
| | Model: | Sentra | Debtor 1 only | the amount of any secured claims on Schedule D: Creditors Who Have Claims Secured by Property. | | |
| | Year: | 2008 | Debtor 2 only | Current value of the | Current value of the | |
| | Approxin | nate mileage: 96,000 | Debtor 1 and Debtor 2 only | entire property? | portion you own? | |
| | Other inf | formation: | At least one of the debtors and another | | | |
| | | | ☐ Check if this is community property (see instructions) | \$3,000.0 | 93,000.00 | |
| | | | own for all of your entries from Part 2, including a | | \$18,000.00 | |
| .pa | ges you | nave attached for Part 2. Wr | te that number here | => | <u> </u> | |
| Part 3 | Descri | be Your Personal and Househol | d Items | | | |
| Do y | ou own o | or have any legal or equitable | interest in any of the following items? | | Current value of the | |
| 6. Ho | usobold | | | | portion you own? Do not deduct secured claims or exemptions. | |
| | | goods and furnishings Major appliances, furniture, line | ens, china, kitchenware | | | |
| | amples: No | | ens, china, kitchenware | | Do not deduct secured | |
| | amples: No | Major appliances, furniture, line scribe | ens, china, kitchenware ances and household furniture | | Do not deduct secured | |
| | amples: No | Major appliances, furniture, line scribe | | | Do not deduct secured claims or exemptions. | |
| | amples: No Yes. De ctronics | Major appliances, furniture, line scribe Kitchen appli | ances and household furniture video, stereo, and digital equipment; computers, print | ers, scanners; music colle | Do not deduct secured claims or exemptions. | |
| 7. Ele | amples: No Yes. De ctronics amples: | Major appliances, furniture, line scribe Kitchen appliances, furniture, line scribe | ances and household furniture video, stereo, and digital equipment; computers, print | ers, scanners; music colle | Do not deduct secured claims or exemptions. | |
| 7. Ele | amples: No Yes. De ctronics amples: | Major appliances, furniture, line scribe Kitchen appliances, furniture, line scribe | ances and household furniture video, stereo, and digital equipment; computers, print | | Do not deduct secured claims or exemptions. | |

8. Collectibles of value

Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin, or baseball card collections; other collections, memorabilia, collectibles

■ No

| | Case 18-807 | | Filed 04/11/18 Document | Entered 04/11/18 10:4 Page 12 of 52 | 12:31 Desc Main |
|--------------------------------------|--|-------------------------|----------------------------|--|---|
| Debtor 1 Debtor 2 | Jeffrey C. Harris Thelma D. Harris | | | Case number | (if known) |
| ☐ Yes. | Describe | | | | |
| Exampl | ent for sports and he les: Sports, photograp musical instrumer | hic, exercise, and ot | her hobby equipment; t | picycles, pool tables, golf clubs, skis | ; canoes and kayaks; carpentry tools; |
| ■ No □ Yes. | Describe | | | | |
| 10. Firearr <i>Examp</i> ■ No | | otguns, ammunition, | and related equipment | | |
| | Describe | | | | |
| □ No | | s, furs, leather coats, | designer wear, shoes, | accessories | |
| | Ev | eryday clothing | | | \$300.00 |
| □ No | | v, costume jewelry, e | ngagement rings, wedd | ding rings, heirloom jewelry, watche | s, gems, gold, silver |
| | We | edding bands | | | \$300.00 |
| Examp ■ No | rm animals bles: Dogs, cats, birds Describe | , horses | | | |
| ■ No | her personal and ho | • | did not already list, ir | ncluding any health aids you did r | not list |
| | | | m Part 3, including ar | ny entries for pages you have atta | ched \$3,400.00 |
| | scribe Your Financial A | | | | |
| Do you ov | vn or have any legal | or equitable intere | st in any of the follow | ing? | Current value of the portion you own? Do not deduct secured claims or exemptions. |
| □ No | | | ur home, in a safe depo | osit box, and on hand when you file y | our petition |
| | | | | Cash | \$150.00 |
| | | | accounts; certificates o | f deposit; shares in credit unions, butitution, list each. | okerage houses, and other similar |

Official Form 106A/B Schedule A/B: Property page 3

Institution name:

■ Yes.....

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Debtor 2 Thelma D. Harris Case number (if known) **Rock Valley Credit Union** \$400.00 Checking 17.1. **Rock Valley Credit Union** \$170.00 Checking 17.2. **ABD Credit Union** \$400.00 Checking Savings **Rock Valley Credit Union** \$1,500.00 17.4. Savings **Rock Valley Credit Union** \$0.00 17.5. **Business Checking Rock Valley Credit Union** \$0.00 17.6. 18. Bonds, mutual funds, or publicly traded stocks Examples: Bond funds, investment accounts with brokerage firms, money market accounts No Institution or issuer name: ☐ Yes..... 19. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including an interest in an LLC, partnership, and joint venture ■ No ☐ Yes. Give specific information about them..... Name of entity: % of ownership: 20. Government and corporate bonds and other negotiable and non-negotiable instruments Negotiable instruments include personal checks, cashiers' checks, promissory notes, and money orders. Non-negotiable instruments are those you cannot transfer to someone by signing or delivering them. No ☐ Yes. Give specific information about them Issuer name: 21. Retirement or pension accounts Examples: Interests in IRA, ERISA, Keogh, 401(k), 403(b), thrift savings accounts, or other pension or profit-sharing plans □ No Yes. List each account separately. Type of account: Institution name: \$30,000.00 401(k) Merril Lynch 401(k) \$14,008.08 Voya 22. Security deposits and prepayments Your share of all unused deposits you have made so that you may continue service or use from a company Examples: Agreements with landlords, prepaid rent, public utilities (electric, gas, water), telecommunications companies, or others No Institution name or individual: ☐ Yes. 23. Annuities (A contract for a periodic payment of money to you, either for life or for a number of years) ■ No ☐ Yes..... Issuer name and description.

24. Interests in an education IRA, in an account in a qualified ABLE program, or under a qualified state tuition program.

Jeffrey C. Harris

Debtor 1

Entered 04/11/18 10:42:31 Case 18-80791 Doc 1 Filed 04/11/18 Desc Main Page 14 of 52 Document Debtor 1 Jeffrey C. Harris Debtor 2 Thelma D. Harris Case number (if known) 26 U.S.C. §§ 530(b)(1), 529A(b), and 529(b)(1). ■ No ☐ Yes..... Institution name and description. Separately file the records of any interests.11 U.S.C. § 521(c): 25. Trusts, equitable or future interests in property (other than anything listed in line 1), and rights or powers exercisable for your benefit No ☐ Yes. Give specific information about them... 26. Patents, copyrights, trademarks, trade secrets, and other intellectual property Examples: Internet domain names, websites, proceeds from royalties and licensing agreements ■ No ☐ Yes. Give specific information about them... 27. Licenses, franchises, and other general intangibles Examples: Building permits, exclusive licenses, cooperative association holdings, liquor licenses, professional licenses ■ Yes. Give specific information about them... \$180.00 Life license Money or property owed to you? Current value of the portion you own? Do not deduct secured claims or exemptions. 28. Tax refunds owed to you ■ No ☐ Yes. Give specific information about them, including whether you already filed the returns and the tax years...... 29. Family support Examples: Past due or lump sum alimony, spousal support, child support, maintenance, divorce settlement, property settlement ☐ Yes. Give specific information..... 30. Other amounts someone owes you Examples: Unpaid wages, disability insurance payments, disability benefits, sick pay, vacation pay, workers' compensation, Social Security benefits; unpaid loans you made to someone else No ☐ Yes. Give specific information.. 31. Interests in insurance policies Examples: Health, disability, or life insurance; health savings account (HSA); credit, homeowner's, or renter's insurance □ No Yes. Name the insurance company of each policy and list its value. Company name: Beneficiary: Surrender or refund value: **Transamerica** Thelma D. Harris \$0.00

Nationwide Insurance Jeffrey C. Harris \$0.00

Transamerica Jeffrey C. Harris and
Thelma D. Harris \$0.00

MercyHealth dependent life Jeffrey C. Harris \$0.00

page 5

Case 18-80791 Doc 1 Filed 04/11/18 Entered 04/11/18 10:42:31 Desc Main Page 15 of 52 Document Jeffrey C. Harris Debtor 1 Debtor 2 Thelma D. Harris Case number (if known) MercyHealth supplemental term \$0.00 Jeffrey C. Harris 32. Any interest in property that is due you from someone who has died If you are the beneficiary of a living trust, expect proceeds from a life insurance policy, or are currently entitled to receive property because someone has died. No ☐ Yes. Give specific information.. 33. Claims against third parties, whether or not you have filed a lawsuit or made a demand for payment Examples: Accidents, employment disputes, insurance claims, or rights to sue ■ No ☐ Yes. Describe each claim....... 34. Other contingent and unliquidated claims of every nature, including counterclaims of the debtor and rights to set off claims ■ No ☐ Yes. Describe each claim........ 35. Any financial assets you did not already list ■ No ☐ Yes. Give specific information.. 36. Add the dollar value of all of your entries from Part 4, including any entries for pages you have attached \$46,808.08 for Part 4. Write that number here...... Part 5: Describe Any Business-Related Property You Own or Have an Interest In. List any real estate in Part 1. 37. Do you own or have any legal or equitable interest in any business-related property? ☐ No. Go to Part 6. Yes. Go to line 38. Current value of the portion you own? Do not deduct secured claims or exemptions. 38. Accounts receivable or commissions you already earned □ No Yes. Describe..... Earned commissions 2015: \$1655 \$5,063.00 2016: \$3408 39. Office equipment, furnishings, and supplies Examples: Business-related computers, software, modems, printers, copiers, fax machines, rugs, telephones, desks, chairs, electronic devices ■ No

☐ Yes. Describe.....

40. Machinery, fixtures, equipment, supplies you use in business, and tools of your trade

■ No

☐ Yes. Describe.....

41. Inventory

■ No

☐ Yes. Describe.....

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Part 8:

\$125,000.00

56. Part 2: Total vehicles, line 5 \$18,000.00 57. Part 3: Total personal and household items, line 15 \$3,400.00 58. Part 4: Total financial assets, line 36 \$46,808.08 59. Part 5: Total business-related property, line 45 \$6,063.00 60. Part 6: Total farm- and fishing-related property, line 52 \$0.00 61. Part 7: Total other property not listed, line 54 \$0.00 \$74,271.08 62. Total personal property. Add lines 56 through 61...

\$74,271.08

63. Total of all property on Schedule A/B. Add line 55 + line 62

\$199,271.08

Copy personal property total

| | | 17/1/11/11 | | |
|---------------------|--------------------------|-------------------|-------------|-----------------------|
| Fill in this infor | mation to identify your | case: | | |
| Debtor 1 | Jeffrey C. Harris | | | |
| | First Name | Middle Name | Last Name | |
| Debtor 2 | Thelma D. Harris | | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name | |
| United States Ba | ankruptcy Court for the: | NORTHERN DISTRICT | OF ILLINOIS | |
| Case number | | | | |
| (if known) | | | | ☐ Check if this is ar |
| | | | | amended filing |

Official Form 106C

Schedule C: The Property You Claim as Exempt

4/16

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

- 1. Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.
 - You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)
 - ☐ You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)
- 2. For any property you list on Schedule A/B that you claim as exempt, fill in the information below.

| Brief description of the property and line on Schedule A/B that lists this property | Current value of the portion you own | Amo | ount of the exemption you claim | Specific laws that allow exemption |
|--|--------------------------------------|-----|---|------------------------------------|
| | Copy the value from Schedule A/B | Che | ck only one box for each exemption. | |
| 2008 Nissan Sentra 96,000 miles Line from <i>Schedule A/B</i> : 3.2 | \$3,000.00 | | \$3,000.00 | 735 ILCS 5/12-1001(c) |
| Ellio II on concade / V.D. CI. | | | 100% of fair market value, up to any applicable statutory limit | |
| Kitchen appliances and household furniture | \$2,000.00 | | \$2,000.00 | 735 ILCS 5/12-1001(b) |
| Line from Schedule A/B: 6.1 | | | 100% of fair market value, up to any applicable statutory limit | |
| 55 in. LCD television, small bedroom television, Apple computer | \$800.00 | | \$800.00 | 735 ILCS 5/12-1001(b) |
| Line from Schedule A/B: 7.1 | | | 100% of fair market value, up to any applicable statutory limit | |
| Everyday clothing Line from Schedule A/B: 11.1 | \$300.00 | | \$300.00 | 735 ILCS 5/12-1001(a) |
| Ellie Holli Govedale 772. | | | 100% of fair market value, up to any applicable statutory limit | |
| Wedding bands Line from Schedule A/B: 12.1 | \$300.00 | | \$300.00 | 735 ILCS 5/12-1001(b) |
| LINE HOLL COLLEGE PAD. 12.1 | | | 100% of fair market value, up to any applicable statutory limit | |

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Debtor 1 Jeffrey C. Harris
Debtor 2 Thelma D. Harris

Case number (if known) Brief description of the property and line on Current value of the Amount of the exemption you claim Specific laws that allow exemption Schedule A/B that lists this property portion you own Copy the value from Check only one box for each exemption. Schedule A/B 735 ILCS 5/12-1001(b) \$150.00 \$150.00 Line from Schedule A/B: 16.1 100% of fair market value, up to any applicable statutory limit **Checking: Rock Valley Credit Union** 735 ILCS 5/12-1001(b) \$400.00 \$400.00 Line from Schedule A/B: 17.1 100% of fair market value, up to any applicable statutory limit **Checking: Rock Valley Credit Union** 735 ILCS 5/12-1001(b) \$170.00 \$170.00 Line from Schedule A/B: 17.2 100% of fair market value, up to any applicable statutory limit **Checking: ABD Credit Union** 735 ILCS 5/12-1001(b) \$400.00 \$400.00 Line from Schedule A/B: 17.3 100% of fair market value, up to any applicable statutory limit Savings: Rock Valley Credit Union 735 ILCS 5/12-1001(b) \$1,500.00 \$1,500.00 Line from Schedule A/B: 17.4 100% of fair market value, up to any applicable statutory limit Savings: Rock Valley Credit Union 735 ILCS 5/12-1001(b) \$0.00 Line from Schedule A/B: 17.5 100% of fair market value, up to any applicable statutory limit **Business Checking: Rock Valley** 735 ILCS 5/12-1001(b) \$0.00 \$0.00 **Credit Union** Line from Schedule A/B: 17.6 100% of fair market value, up to any applicable statutory limit 401(k): Merril Lynch 735 ILCS 5/12-1006 \$30,000.00 \$30,000.00 Line from Schedule A/B: 21.1 100% of fair market value, up to any applicable statutory limit 401(k): Voya 735 ILCS 5/12-1006 \$14.008.08 \$14,008.08 Line from Schedule A/B: 21.2 100% of fair market value, up to any applicable statutory limit Life license 735 ILCS 5/12-1001(b) \$180.00 \$180.00 Line from Schedule A/B: 27.1 100% of fair market value, up to any applicable statutory limit **Transamerica** 215 ILCS 5/238 \$0.00 \$0.00 Beneficiary: Thelma D. Harris Line from Schedule A/B: 31.1 100% of fair market value, up to any applicable statutory limit

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Jeffrey C. Harris

Thelma D. Harris Case number (if known) Debtor 2 Brief description of the property and line on Current value of the Amount of the exemption you claim Specific laws that allow exemption Schedule A/B that lists this property portion you own Copy the value from Check only one box for each exemption. Schedule A/B **Nationwide Insurance** 215 ILCS 5/238 \$0.00 \$0.00 Beneficiary: Jeffrey C. Harris Line from Schedule A/B: 31.2 100% of fair market value, up to any applicable statutory limit **Transamerica** 215 ILCS 5/238 \$0.00 \$0.00 Beneficiary: Jeffrey C. Harris and Thelma D. Harris 100% of fair market value, up to Line from Schedule A/B: 31.3 any applicable statutory limit MercyHealth dependent life 215 ILCS 5/238 \$0.00 \$0.00 Beneficiary: Jeffrey C. Harris Line from Schedule A/B: 31.4 100% of fair market value, up to any applicable statutory limit MercyHealth supplemental term 215 ILCS 5/238 \$0.00 \$0.00 Beneficiary: Jeffrey C. Harris Line from Schedule A/B: 31.5 100% of fair market value, up to any applicable statutory limit **Earned commissions** 735 ILCS 5/12-803, 740 ILCS \$5,063.00 \$5,063.00 170/4 2015: \$1655 2016: \$3408 100% of fair market value, up to Line from Schedule A/B: 38.1 any applicable statutory limit **Customer list containing phone** 735 ILCS 5/12-1001(b) \$1,000.00 \$1,000.00 numbers П Line from Schedule A/B: 43.1 100% of fair market value, up to any applicable statutory limit Are you claiming a homestead exemption of more than \$160,375? (Subject to adjustment on 4/01/19 and every 3 years after that for cases filed on or after the date of adjustment.) Yes. Did you acquire the property covered by the exemption within 1,215 days before you filed this case? No п Yes

Debtor 1

| | | Document Pac | 1e 20 |) OT 52 | | |
|---------------|--|---|----------|--|--|-----------------------------|
| Fill in the | his information to identify you | r case: | | | | |
| Debtor | Jeffrey C. Harris | S Middle Name Last N | ame | | | |
| Debtor : | | | anic | | | |
| (Spouse if | | Middle Name Last N | ame | | | |
| United S | States Bankruptcy Court for the: | NORTHERN DISTRICT OF ILLINOIS | | | | |
| Case nu | umher | | | | | |
| (if known) | | | | | _ | if this is an led filing |
| O((; - ; - | -l F 400D | | | | | |
| | al Form 106D | | | | | |
| Sche | edule D: Creditors | Who Have Claims Sec | urec | d by Property | y | 12/15 |
| is needed | | If two married people are filing together, botl out, number the entries, and attach it to this | | | | |
| • | r creditors have claims secured by | / your property? | | | | |
| ` | · | his form to the court with your other sched | ules. Yo | ou have nothing else to | o report on this form. | |
| _ | Yes. Fill in all of the information | , | | ou navo noum g oloo u | | |
| Part 1: | _ | below. | | | | |
| | | more than an accurred plains liet the avaditor as | | Column A | Column B | Column C |
| for each | claim. If more than one creditor has | nore than one secured claim, list the creditor se a particular claim, list the other creditors in Par cal order according to the creditor's name. | | Amount of claim Do not deduct the value of collateral. | Value of collateral that supports this claim | Unsecured portion If any |
| 2.1 Fi | ifth Third Bank | Describe the property that secures the clai | m: | \$137,927.00 | \$125,000.00 | \$12,927.00 |
| Cre | editor's Name | 5402 Rockingham Drive Loves Pa IL 61111 Winnebago County | rk, | | | |
| | 050 Kingsley Drive | As of the date you file, the claim is: Check a apply. | I that | | | |
| | incinnati, OH 45227 | ☐ Contingent | | | | |
| Nu | ımber, Street, City, State & Zip Code | ☐ Unliquidated☐ Disputed☐ | | | | |
| Who ow | ves the debt? Check one. | Nature of lien. Check all that apply. | | | | |
| Debte | or 1 only | ☐ An agreement you made (such as mortgage | e or sec | cured | | |
| ☐ Debte | or 2 only | car loan) | | | | |
| | or 1 and Debtor 2 only | Statutory lien (such as tax lien, mechanic's | lien) | | | |
| _ | ast one of the debtors and another | Judgment lien from a lawsuit | | | | |
| | ck if this claim relates to a nmunity debt | Other (including a right to offset) | Mortg | age | | |
| Date del | bt was incurred 12-22-08 | Last 4 digits of account number | 3260 | | | |
| クラー | issan Motor | | | \$32,630.00 | \$15,000.00 | \$17,630.00 |
| A | cceptance editor's Name | Describe the property that secures the clai | m: | Ψ32,030.00 | φ13,000.00 | φ17,030.00 |
| Oit | editor's marrie | 2017 Nissan Altima 8500 miles | | | | |
| P | O Box 660360 | As of the date you file, the claim is: Check a | I that | | | |
| | allas, TX 75266 | apply. ☐ Contingent | | | | |
| Nu | ımber, Street, City, State & Zip Code | ☐ Unliquidated | | | | |
| | | ☐ Disputed | | | | |
| _ | ves the debt? Check one. | Nature of lien. Check all that apply. | | | | |
| ☐ Debto | | An agreement you made (such as mortgage car loan) | e or sec | cured | | |
| Debto | | ☐ Statutory lien (such as tax lien, mechanic's | lian) | | | |
| _ | or 1 and Debtor 2 only | · · | nen) | | | |
| | ast one of the debtors and another ck if this claim relates to a | ☐ Judgment lien from a lawsuit ☐ Other (including a right to offset) Leas | e | | | |
| | munity debt | Other (including a right to offset) | | | | |

Official Form 106D

Date debt was incurred 07-2017

0001

Last 4 digits of account number

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| Debtor 1 | Jeffrey C. Harris | | Case number (if know) | | |
|----------|---|-----------------------|------------------------------------|--------------|---|
| | First Name | Middle Name | Last Name | - | |
| Debtor 2 | Thelma D. Harris | | | | |
| | First Name | Middle Name | Last Name | | |
| | | | | | |
| | | | | | |
| | | | | | _ |
| Add the | dollar value of your ent | ries in Column A on | this page. Write that number here: | \$170,557.00 | |
| | the last page of your fo at number here: | rm, add the dollar va | lue totals from all pages. | \$170,557.00 | |

Part 2: List Others to Be Notified for a Debt That You Already Listed

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

| | 0430 10 00101 1 | Document | Page 22 of 52 | E.G. Best Main |
|--|---|--|---|--|
| Fill in this | information to identify your c | | | |
| Debtor 1 | Jeffrey C. Harris | | | |
| 200101 | First Name | Middle Name | Last Name | |
| Debtor 2 | Thelma D. Harris | | | |
| (Spouse if, filin | g) First Name | Middle Name | Last Name | |
| United Stat | tes Bankruptcy Court for the: | NORTHERN DISTRICT OF ILL | INOIS | |
| Case numb (if known) | | | | ☐ Check if this is an amended filing |
| Schedu | | ho Have Unsecured | | 12/15 |
| any executor Schedule G: Schedule D: left. Attach th name and ca | ry contracts or unexpired leases to Executory Contracts and Unexpi Creditors Who Have Claims Secu- the Continuation Page to this page lise number (if known). | that could result in a claim. Also li red Leases (Official Form 106G). D ired by Property. If more space is r e. If you have no information to rep | Y claims and Part 2 for creditors with NO ist executory contracts on Schedule A/B: to not include any creditors with partially needed, copy the Part you need, fill it out, port in a Part, do not file that Part. On the | secured claims that are listed in number the entries in the boxes on the |
| | List All of Your PRIORITY Uns | | | |
| | creditors have priority unsecured | I claims against you? | | |
| | Go to Part 2. | | | |
| ☐ Yes. | | | | |
| ☐ No. Yes. 4. List all ounsecure | of your nonpriority unsecured cla ed claim, list the creditor separately | art. Submit this form to the court with the court w | your other schedules. e creditor who holds each claim. If a credit, identify what type of claim it is. Do not list chave more than three nonpriority unsecured | claims already included in Part 1. If more |
| Part 2. | • | · | , , | |
| | | | | Total claim |
| | set Recovery Solutions | Last 4 digits of acco | ount number 5007 | \$1,978.40 |
| 22 Su | npriority Creditor's Name 00 E. Devon Avenue uite 200 es Plaines, IL 60018 | When was the debt | incurred? | |
| Nur | mber Street City State Zlp Code | As of the date you f | file, the claim is: Check all that apply | |
| _ | o incurred the debt? Check one. | | | |
| | Debtor 1 only | ☐ Contingent | | |
| | Debtor 2 only | ☐ Unliquidated | | |
| | Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| | At least one of the debtors and ano | ther Type of NONPRIOR | ITY unsecured claim: | |
| | Check if this claim is for a comm | nunity | | |
| dek Is t | ot he claim subject to offset? | Obligations arisin report as priority clair | ng out of a separation agreement or divorce t ms | that you did not |
| | No | ☐ Debts to pension | or profit-sharing plans, and other similar deb | ots |
| | Yes | Other. Specify | | |

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| | Jeffrey C. Harris Thelma D. Harris | Case number (if know) | |
|-----|---|--|------------|
| 4.2 | Barclay Bank | Last 4 digits of account number 6528 | \$1,804.00 |
| | Nonpriority Creditor's Name PO Box 8833 Wilmington, DE 19899 | When was the debt incurred? | |
| Ī | Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim is: Check all that apply | |
| | Debtor 1 only | ☐ Contingent | |
| | Debtor 2 only | ☐ Unliquidated | |
| | ■ Debtor 1 and Debtor 2 only | ☐ Disputed | |
| | At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | |
| | debt Is the claim subject to offset? | $\hfill \Box$ Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| | No | Debts to pension or profit-sharing plans, and other similar debts | |
| | ☐ Yes | Other. Specify | |
| | Barclays Bank | Last 4 digits of account number | \$1,878.85 |
| | Nonpriority Creditor's Name PO Box 23870 Jacksonville, FL 32241 | When was the debt incurred? | |
| | Number Street City State Zlp Code | As of the date you file, the claim is: Check all that apply | |
| , | Who incurred the debt? Check one. | | |
| | Debtor 1 only | ☐ Contingent | |
| | Debtor 2 only | ☐ Unliquidated | |
| | ■ Debtor 1 and Debtor 2 only | ☐ Disputed | |
| | At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | |
| | debt Is the claim subject to offset? | Dobligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| | ■ No | lacktriangle Debts to pension or profit-sharing plans, and other similar debts | |
| | Yes | Other. Specify | |
| | Capital Management Services Nonpriority Creditor's Name | Last 4 digits of account number 9007 | \$3,342.21 |
| (| 698 1/2 S. Ogden Street Buffalo, NY 14206 | When was the debt incurred? | |
| | Number Street City State Zlp Code | As of the date you file, the claim is: Check all that apply | |
| , | Who incurred the debt? Check one. | | |
| | Debtor 1 only | ☐ Contingent | |
| | Debtor 2 only | ☐ Unliquidated | |
| | Debtor 1 and Debtor 2 only | ☐ Disputed | |
| | At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| | Check if this claim is for a community | Student loans | |
| | debt Is the claim subject to offset? | Dobligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| | ■ No | □ Debts to pension or profit-sharing plans, and other similar debts | |
| | | | |
| | Yes | Other. Specify | |

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Debtor 2 Thelma D. Harris Case number (if know) 4.5 3825 \$425.00 **Capital One** Last 4 digits of account number Nonpriority Creditor's Name 15000 Capital One Drive When was the debt incurred? Henrico, VA 23238 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated ■ Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ☐ Debts to pension or profit-sharing plans, and other similar debts ■ No ☐ Yes Other. Specify 1082 4.6 **Capital One** Last 4 digits of account number \$1,623.00 Nonpriority Creditor's Name 15000 Capital One Drive When was the debt incurred? Henrico, VA 23238 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated ■ Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ☐ Debts to pension or profit-sharing plans, and other similar debts ■ No ☐ Yes Other. Specify 4.7 **Capital One Bank** 4856 \$1,444.66 Last 4 digits of account number Nonpriority Creditor's Name PO Box 6492 When was the debt incurred? Carol Stream, IL 60197 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated ■ Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No ☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Yes Other. Specify

Debtor 1 Jeffrey C. Harris

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Debtor 1 Jeffrey C. Harris

| Debto | r 2 Thelma D. Harris | Case number (if know) | |
|-------|--|---|-------------|
| 4.8 | Credit One Bank Nonpriority Creditor's Name | Last 4 digits of account number 3379 | \$2,018.00 |
| | PO Box 98875 Las Vegas, NV 89193 | When was the debt incurred? | |
| | Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim is: Check all that apply | |
| | Debtor 1 only | ☐ Contingent | |
| | Debtor 2 only | | |
| | Debtor 1 and Debtor 2 only | ☐ Unliquidated | |
| | | ☐ Disputed Type of NONPRIORITY unsecured claim: | |
| | At least one of the debtors and another | Student loans | |
| | Check if this claim is for a community debt | ☐ Obligations arising out of a separation agreement or divorce that you did not | |
| | Is the claim subject to offset? | report as priority claims | |
| | ■ No □ Yes | Debts to pension or profit-sharing plans, and other similar debts | |
| | Li res | Other. Specify | |
| 4.9 | First Premier Bank Nonpriority Creditor's Name | Last 4 digits of account number | \$926.00 |
| | PO Box 5147 Sioux Falls, SD 57117 | When was the debt incurred? | |
| | Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim is: Check all that apply | |
| | Debtor 1 only | ☐ Contingent | |
| | Debtor 2 only | ☐ Unliquidated | |
| | ■ Debtor 1 and Debtor 2 only | ☐ Disputed | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| | _ | Student loans | |
| | ☐ Check if this claim is for a community debt | ☐ Obligations arising out of a separation agreement or divorce that you did not | |
| | Is the claim subject to offset? | report as priority claims | |
| | ■ No | ☐ Debts to pension or profit-sharing plans, and other similar debts | |
| | Yes | Other. Specify | |
| 4.1 | First Savings Credit Card | Last 4 digits of account number 9073 | \$349.84 |
| 0 | Nonpriority Creditor's Name PO Box 2509 | When was the debt incurred? | |
| | Omaha, NE 68103 Number Street City State Zlp Code | As of the date you file, the claim is: Check all that apply | |
| | Who incurred the debt? Check one. | | |
| | Debtor 1 only | ☐ Contingent | |
| | Debtor 2 only | ☐ Unliquidated | |
| | ■ Debtor 1 and Debtor 2 only | ☐ Disputed | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | |
| | debt Is the claim subject to offset? | Dbligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| | No | Debts to pension or profit-sharing plans, and other similar debts | |
| | ■ No □ Yes | | |
| | □ 162 | Other. Specify | |

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| | Jeffrey C. Harris Thelma D. Harris | | Case number (if know) | |
|-------|--|--|--|------------|
| | LVNV Funding | Last 4 digits of account number | 7599 | \$914.00 |
| | Nonpriority Creditor's Name C/O Resurgent Capital Services Po Box 166 Greenville, SC 29602 | When was the debt incurred? | | |
| | Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim i | s: Check all that apply | |
| | Debtor 1 only | ☐ Contingent | | |
| | Debtor 2 only | ☐ Unliquidated | | |
| | ■ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | |
| | debt Is the claim subject to offset? | Obligations arising out of a separeport as priority claims | ration agreement or divorce that you did not | |
| | ■ No | Debts to pension or profit-sharing | g plans, and other similar debts | |
| | Yes | Other. Specify | | |
| I — I | MercyHealth | Last 4 digits of account number | loan | \$1,112.76 |
| | Nonpriority Creditor's Name 2300 North Rockton Avenue Rockford, IL 61103 | When was the debt incurred? | 05-23-2017 | |
| _ | Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim i | is: Check all that apply | |
| | ☐ Debtor 1 only | ☐ Contingent | | |
| | Debtor 2 only | ☐ Unliquidated | | |
| | ■ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | |
| | debt Is the claim subject to offset? | ☐ Obligations arising out of a separeport as priority claims | ration agreement or divorce that you did not | |
| | ■ No | Debts to pension or profit-sharin | g plans, and other similar debts | |
| | Yes | Other. Specify | | |
| 4.1 | Merrick Bank | Last 4 digits of account number | 8705 | \$861.00 |
| | Nonpriority Creditor's Name PO Box 660702 Dallas, TX 75266 | When was the debt incurred? | | |
| | Number Street City State Zlp Code | As of the date you file, the claim i | s: Check all that apply | |
| | Who incurred the debt? Check one. | • | , | |
| | Debtor 1 only | ☐ Contingent | | |
| | ☐ Debtor 2 only | ☐ Unliquidated | | |
| | ■ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | |
| | debt Is the claim subject to offset? | ☐ Obligations arising out of a separeport as priority claims | ration agreement or divorce that you did not | |
| | ■ No | Debts to pension or profit-sharing | g plans, and other similar debts | |
| | Yes | Other. Specify | _ | |

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| | Jeffrey C. Harris Thelma D. Harris | | Case number (if know) | |
|----------|---|---|---|------------|
| 4.1 4 | Merrick Bank | Last 4 digits of account number | 0996 | \$1,304.00 |
| F | Nonpriority Creditor's Name PO Box 660702 Dallas, TX 75266 | When was the debt incurred? | | |
| N | Number Street City State Zlp Code | As of the date you file, the claim i | s: Check all that apply | |
| _ | Who incurred the debt? Check one. | | | |
| | Debtor 1 only | ☐ Contingent | | |
| | Debtor 2 only | ☐ Unliquidated | | |
| | Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| | At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | |
| [| ☐ Check if this claim is for a community | ☐ Student loans | | |
| | lebt s the claim subject to offset? | ☐ Obligations arising out of a separeport as priority claims | ration agreement or divorce that you did not | |
| | No | Debts to pension or profit-sharin | g plans, and other similar debts | |
| [| Yes | Other. Specify | | |
| ı • ı | Merrill Lynch | Last 4 digits of account number | loan | \$6,464.74 |
| 6 | Nonpriority Creditor's Name 6958 Spring Creek Road Rockford, IL 61114 | When was the debt incurred? | 12-2015 | |
| N | Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim i | is: Check all that apply | |
| | Debtor 1 only | ☐ Contingent | | |
| | Debtor 2 only | ☐ Unliquidated | | |
| | Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| [| At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | |
| | lebt s the claim subject to offset? | ☐ Obligations arising out of a separeport as priority claims | ration agreement or divorce that you did not | |
| | ■ No | Debts to pension or profit-sharin | g plans, and other similar debts | |
| [| Yes | Other. Specify | | |
| 4.1 6 | Merrill Lynch | Last 4 digits of account number | loan | \$1,919.00 |
| | Nonpriority Creditor's Name 6958 Spring Creek Road | When was the debt incurred? | 08-2017 | |
| | Rockford, IL 61114 Number Street City State Zlp Code | As of the date you file, the claim i | s: Check all that apply | |
| | Vho incurred the debt? Check one. | , | on on all that apply | |
| [| Debtor 1 only | ☐ Contingent | | |
| [| Debtor 2 only | ☐ Unliquidated | | |
| 1 | Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| _ | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | |
| _ | ☐ Check if this claim is for a community | ☐ Student loans | | |
| d | lebt s the claim subject to offset? | ☐ Obligations arising out of a sepa report as priority claims | rration agreement or divorce that you did not | |
| | No | Debts to pension or profit-sharin | g plans, and other similar debts | |
| [| ☐Yes | Other. Specify | | |

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Debtor 1 Jeffrey C. Harris

| or 2 Thelma D. Harris | Case number (if know) | | | | |
|--|---|-------------|--|--|--|
| Overstock | Last 4 digits of account number 1591 | \$1,362.44 | | | |
| Nonpriority Creditor's Name | Last 4 digits of account number | Ψ1,302.44 | | | |
| PO Box 659707 | When was the debt incurred? | | | | |
| San Antonio, TX 78265 | | | | | |
| Number Street City State Zlp Code | As of the date you file, the claim is: Check all that apply | | | | |
| Who incurred the debt? Check one. | _ | | | | |
| Debtor 1 only | ☐ Contingent | | | | |
| Debtor 2 only | ☐ Unliquidated | | | | |
| ■ Debtor 1 and Debtor 2 only | ☐ Disputed | | | | |
| \square At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | | | | |
| \square Check if this claim is for a community | ☐ Student loans | | | | |
| debt | \square Obligations arising out of a separation agreement or divorce that you did not | | | | |
| Is the claim subject to offset? | report as priority claims | | | | |
| ■ No | ☐ Debts to pension or profit-sharing plans, and other similar debts | | | | |
| Yes | Other. Specify | | | | |
| Penn Foster School | Last 4 digits of account number 4875 | \$1,028.50 | | | |
| Nonpriority Creditor's Name | Last 4 digits of account flumber | | | | |
| PO Box 75 | When was the debt incurred? | | | | |
| Archbald, PA 18403 | | | | | |
| Number Street City State Zlp Code | As of the date you file, the claim is: Check all that apply | | | | |
| Who incurred the debt? Check one. | <u>_</u> | | | | |
| Debtor 1 only | Contingent | | | | |
| Debtor 2 only | ☐ Unliquidated | | | | |
| ■ Debtor 1 and Debtor 2 only | ☐ Disputed | | | | |
| \square At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | | | | |
| ☐ Check if this claim is for a community | ☐ Student loans | | | | |
| debt | Obligations arising out of a separation agreement or divorce that you did not | | | | |
| Is the claim subject to offset? | report as priority claims | | | | |
| ■ No | ☐ Debts to pension or profit-sharing plans, and other similar debts | | | | |
| Yes | Other. Specify | | | | |
| Premier Bank Card LLC | Last 4 digits of account number 4435 | \$609.86 | | | |
| Nonpriority Creditor's Name | | | | | |
| PO Box 5507 | When was the debt incurred? | | | | |
| Sioux Falls, SD 57117 | As of the date you file the claim is: Observed these | | | | |
| Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim is: Check all that apply | | | | |
| Debtor 1 only | П | | | | |
| | Contingent | | | | |
| Debtor 2 only | Unliquidated | | | | |
| ■ Debtor 1 and Debtor 2 only | ☐ Disputed | | | | |
| \square At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | | | | |
| \square Check if this claim is for a community | ☐ Student loans | | | | |
| debt | Obligations arising out of a separation agreement or divorce that you did not | | | | |
| Is the claim subject to offset? | report as priority claims | | | | |
| No | ☐ Debts to pension or profit-sharing plans, and other similar debts | | | | |
| Yes | Other. Specify | | | | |
| | | | | | |

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Debtor 2 Thelma D. Harris Case number (if know) 4.2 SYNCB/Amazon 3756 \$86.00 Last 4 digits of account number 0 Nonpriority Creditor's Name PO Box 965015 When was the debt incurred? Orlando, FL 32896 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated Debtor 1 and Debtor 2 only □ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ☐ Debts to pension or profit-sharing plans, and other similar debts ■ No ☐ Yes Other. Specify 4.2 SYNCB/Paypal 5595 \$709.00 Last 4 digits of account number Nonpriority Creditor's Name PO Box 965005 When was the debt incurred? Orlando, FL 32896 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ☐ Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts ☐ Yes Other. Specify Part 3: List Others to Be Notified About a Debt That You Already Listed 5. Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page. Part 4: Add the Amounts for Each Type of Unsecured Claim 6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim. **Domestic support obligations** 6a. 0.00 Total claims Taxes and certain other debts you owe the government 6b. from Part 1 0.00 Claims for death or personal injury while you were intoxicated 0.00 Other. Add all other priority unsecured claims. Write that amount here. 6d. 0.00 Total Priority. Add lines 6a through 6d. 0.00 **Total Claim** 6f. Student loans 6f. 0.00 Total claims Obligations arising out of a separation agreement or divorce that from Part 2 0.00 you did not report as priority claims

Debtor 1 Jeffrey C. Harris

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Debtor 1 Debtor 2 Deb

| Fill in this information to identify your case: |
|---|
| Debtor 1 Jeffrey C. Harris |
| First Name Middle Name Last Name |
| Debtor 2 Thelma D. Harris |
| (Spouse if, filing) First Name Middle Name Last Name |
| United States Bankruptcy Court for the: NORTHERN DISTRICT OF ILLINOIS |
| Case number |
| (if known) |

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
 - ☐ No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
 - Yes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- 2. List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

Person or company with whom you have the contract or lease
Name, Number, Street, City, State and ZIP Code

2.1 Nissan Motor Acceptance
PO Box 660360
Dallas, TX 75266

State what the contract or lease is for
2017 Nissan Altima vehicle lease

| | | Docume | ent Page 32 d | of 52 | |
|---------------------------|--|---|------------------------|--|---|
| Fill in this | information to identify your | case: | | | |
| Dalata a 4 | leffered O Hamile | | | | |
| Debtor 1 | Jeffrey C. Harris First Name | Middle Name | Last Name | | |
| Debtor 2 | Thelma D. Harris | madio Hamo | <u> </u> | | |
| (Spouse if, filir | | Middle Name | Last Name | | |
| , | - | | | | |
| United Star | ites Bankruptcy Court for the: | NORTHERN DISTRICT | OF ILLINOIS | | |
| Casa numb | har | | | | |
| Case numb (if known) | | | | ПС | neck if this is an |
| , | | | | _ | nended filing |
| | | | | | 9 |
| Official | I Form 106H | | | | |
| | | -1-4 | | | |
| Sched | lule H: Your Cod | eptors | | | 12/15 |
| | | | | s complete and accurate as possib | |
| | and case number (if known) you have any codebtors? (if | | | as a codebtor. | |
| | , ou u, couou.c. (| , ou allo illing a joint oaco, | ao ope ao | | |
| ■ No | | | | | |
| ☐ Yes | 5 | | | | |
| Arizon No. | hin the last 8 years, have you ha, California, Idaho, Louisiana, Go to line 3. S. Did your spouse, former spouse. | Nevada, New Mexico, Pu | erto Rico, Texas, Wash | y? (Community property states and te ington, and Wisconsin.) | erritories include |
| in line Form out Co | e 2 again as a codebtor only i | f that person is a guaran Form 106E/F), or Sched | tor or cosigner. Make | rif your spouse is filing with you. Lisure you have listed the creditor or 06G). Use Schedule D, Schedule E/F Column 2: The creditor to who Check all schedules that apply: | Schedule D (Official , or Schedule G to fill |
| | ramo, rambor, enoc, eny, etate and E | . 0000 | | Check all schedules that apply. | |
| 3.1 | | | | ☐ Schedule D, line | |
| | Name | | | ☐ Schedule E/F, line | _ |
| | | | | ☐ Schedule G, line | |
| _ | | | | | _ |
| | Number Street City | State | ZIP Code | | |
| | City | State | ZIF Code | | |
| | | | | Поделен в т | |
| 3.2 | Name | | | Schedule D, line | _ |
| | | | | Schedule E/F, line | |
| | | | | ☐ Schedule G, line | _ |
| | Number Street | | | _ | |
| | City | State | ZIP Code | | |

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| Debtor 1 .Jeffr | ey C. Ha | arris | | | | | |
|--|--|--|---|--|---|--|--|
| | | | | | | | |
| Debtor 2 Thel Spouse, if filing) | ma D. H | arris | | | | | |
| Inited States Bankruptcy Cou | irt for the: | NORTHERN DISTRIC | CT OF ILL | INOIS | | | |
| Case number | | | | | Check if | this is: | |
| f known) | | | - | | ☐ An a | amended filing | |
| | | | | | | ipplement showir | ng postpetition chap following date: |
| Official Form 106 | 1 | | | | \overline{MM} | / DD/ YYYY | |
| Schedule I: You | r Inco | ome | | | | | |
| upplying correct information on the pouse. If you are separated tach a separate sheet to the pour training the pour training training the pour training trai | n. If you and you is form. (| are married and not filing wi | ng jointly ith you, d | lo not include information | ing with yo on about yo | ou, include infor | mation about your |
| upplying correct information ouse. If you are separated tach a separate sheet to the last 1: Describe Employmen | n. If you and you is form. (oyment | are married and not filing wi | ng jointly ith you, d onal pag | r, and your spouse is liv lo not include information es, write your name and | ing with yo on about yo I case num | ou, include info our spouse. If m ber (if known). <i>I</i> | mation about your ore space is need Answer every que |
| upplying correct information ouse. If you are separated tach a separate sheet to the art 1: Describe Employmen information. | n. If you and you is form. (oyment | are married and not filing wi | ng jointly ith you, d onal pag | r, and your spouse is liv lo not include information es, write your name and | ing with yo on about yo I case num | eu, include infon our spouse. If m ber (if known). / ebtor 2 or non-f | mation about your ore space is need Answer every que |
| pplying correct information ouse. If you are separated tach a separate sheet to the lart 1: Describe Employmen information. If you have more than or | n. If you and you is form. (ooyment | are married and not filing wi | Debtor | r, and your spouse is liv lo not include informations, write your name and | ing with yo on about yo I case num D | eu, include information spouse. If modern (if known). A ebtor 2 or non-f | mation about your ore space is need Answer every que |
| pplying correct information ouse. If you are separated tach a separate sheet to the art 1: Describe Employment information. If you have more than or attach a separate page winformation about addition to the content of the content | n. If you and you is form. (oyment t e job, vith | are married and not filir r spouse is not filing wi On the top of any additi | Debtor | r, and your spouse is liv lo not include information es, write your name and | ing with yo on about yo I case num D | eu, include infon our spouse. If m ber (if known). / ebtor 2 or non-f | mation about your ore space is need Answer every que |
| upplying correct information ouse. If you are separated tach a separate sheet to the Describe Employment information. If you have more than or attach a separate page were separated to the Describe Employment information. | n. If you and you is form. (oyment t e job, vith | are married and not filir r spouse is not filing wi On the top of any additi | Debtor | r, and your spouse is liv lo not include information es, write your name and r 1 ployed employed | ing with yo | eu, include information spouse. If modern spouse | mation about your ore space is need Answer every ques |
| pupplying correct information pouse. If you are separated trach a separate sheet to the possible Employment information. If you have more than or attach a separate page winformation about addition pouse. | n. If you and you is form. (oyment t e job, vith nal | are married and not filing wing r spouse is not filing with the top of any addition the top of any addition in the top of any additional in the top of additio | Debtor Emp | r, and your spouse is liv lo not include information es, write your name and r 1 ployed employed | ing with your about you case num | eu, include information spouse. If moder (if known). A ebtor 2 or non-f Employed Not employed | mation about your ore space is need Answer every ques |
| pplying correct information ouse. If you are separated tach a separate sheet to the part 1: Describe Employment information. If you have more than or attach a separate page winformation about addition employers. Include part-time, season | n. If you and you is form. (coyment t e job, vith nal anal, or student | are married and not filing wing respouse is not filing with the top of any addition the top of any additional the top of additional | Debtor Emp Not Asser Chrys | r, and your spouse is livito not include informations, write your name and r 1 ployed employed mbler | ing with you about you case num D M M | ebtor 2 or non-f Employed Not employed Not employed Hedical assista | mation about your pore space is need Answer every questilling spouse |
| pplying correct information ouse. If you are separated tach a separate sheet to the last 1: Describe Employment information. If you have more than or attach a separate page winformation about addition employers. Include part-time, season self-employed work. Occupation may include | n. If you and you is form. (coyment t e job, vith nal anal, or student | are married and not filing r spouse is not filing with the top of any addition the top of any additional top of additional top of any additional top of ad | Debtor Debtor Not Asser Chrys 3000 N | r, and your spouse is livito not include informations, write your name and response to the ployed employed employed employed employed with the ployed employed employ | ing with your about you case num D M M 2: R | ebtor 2 or non-f Employed Not employed Not employed ledical assista lercyHealth 300 North Roc ockford, IL 61 | mation about your ore space is need Answer every questiling spouse |
| pupplying correct information pouse. If you are separated ttach a separate sheet to the part 1: Describe Employment information. If you have more than or attach a separate page winformation about addition employers. Include part-time, season self-employed work. Occupation may include | n. If you and you is form. (coyment t e job, vith nal anal, or student | are married and not filling wing spouse is not filling with the top of any additional status. Employment status. Occupation Employer's name Employer's address | Debtor Debtor Not Asser Chrys 3000 N | r, and your spouse is live to not include information of include information of the ses, write your name and of the ses, write | ing with your about you case num D M M 2: R | ebtor 2 or non-f Employed Not employed Not employed ledical assista lercyHealth 300 North Roc ockford, IL 61 | mation about your ore space is need Answer every questiling spouse |

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.

2. \$ 4,371.24 \$ 3,021.20

3. Estimate and list monthly overtime pay.

3. +\$ 1,062.00 +\$ 0.00

4. Calculate gross Income. Add line 2 + line 3.

Official Form 106I Schedule I: Your Income page 1

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| | tor 1 tor 2 | Jeffrey C. Harris Thelma D. Harris | | • | Case | number (if known) | | | | |
|-----|--------------------|---|----------------|-----|------------|-------------------|------------|---------------|-----------------|--------------|
| | | | | | For | Debtor 1 | | r Debtor 2 on | | |
| | Cop | by line 4 here | 4. | | \$ | 5,433.24 | \$ | | 1.20 | |
| 5. | List | all payroll deductions: | | | | | | | | |
| | 5a. | Tax, Medicare, and Social Security deductions | 5a | а. | \$ | 1,335.14 | \$ | 52 | 3.70 | |
| | 5b. | Mandatory contributions for retirement plans | 5b | ο. | \$ | 0.00 | \$ | | 7.31 | |
| | 5c. | Voluntary contributions for retirement plans | 50 | Э. | \$_ | 0.00 | \$ | 1 | 8.21 | |
| | 5d. | Required repayments of retirement fund loans | 50 | d. | \$ | 231.09 | \$ | 16 | 9.53 | |
| | 5e. | Insurance | 56 | €. | \$ | 0.00 | \$_ | 2 | 1.10 | |
| | 5f. | Domestic support obligations | 5f | | \$_ | 0.00 | . \$_ | | 0.00 | |
| | 5g. | Union dues | 50 | - | \$_ | 97.54 | . \$_ | | 0.00 | |
| | 5h. | | 5r | า.+ | \$_ | 0.00 | + \$_ | | 0.00 | |
| 6. | Add | the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h. | 6. | | \$_ | 1,663.77 | . \$_ | 75 | 9.85 | |
| 7. | Cal | culate total monthly take-home pay. Subtract line 6 from line 4. | 7. | | \$_ | 3,769.47 | . \$_ | 2,26 | 1.35 | |
| 8. | List 8a. | t all other income regularly received: Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income. | 88 | a | \$ | 284.00 | \$ | | 0.00 | |
| | 8b. | | 8t | | \$ - | 0.00 | · \$_ | | 0.00 | |
| | 8c. | Family support payments that you, a non-filing spouse, or a depender regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement. | | | \$ | 0.00 | \$ | | 0.00 | |
| | 8d. | | 80 | d. | \$_ | 0.00 | \$ | | 0.00 | |
| | 8e. | Social Security | 86 | €. | \$ | 0.00 | \$ | | 0.00 | |
| | 8f. 8g. | Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: Pension or retirement income | ce 8f 8g | | \$_ \$_ | 0.00 | \$_ \$_ | | 0.00 0.00 | |
| | 8h. | Other monthly income. Specify: | 8h | า.+ | \$ | 0.00 | + \$_ | | 0.00 | |
| 9. | Add | d all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h. | 9. | ; | \$ | 284.00 | \$_ | | 0.00 | |
| 10 | Cal | culate monthly income. Add line 7 + line 9. | 10. | \$ | | 4,053.47 + \$ | 2 | ,261.35 = | \$ | 6,314.82 |
| 10. | | I the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse. | 10. | Ъ_ | | 4,033.41 + ψ | | | Ψ | 0,314.02 |
| 11. | Incl othe Do | te all other regular contributions to the expenses that you list in Schedul ude contributions from an unmarried partner, members of your household, you enter friends or relatives. Into the interest in the | ır depe | | | | • | | | 0.00 |
| 12. | | If the amount in the last column of line 10 to the amount in line 11. The restet that amount on the Summary of Schedules and Statistical Summary of Certilies | | | | | | 12. \$ | | 6,314.82 |
| 13. | Do : | you expect an increase or decrease within the year after you file this form | n? | | | | | | ombin onthly | ed income |
| | П | Yes Explain: | | | | | | | | |

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| Debtor 1 | Jeffrey C. Harris | |
|----------|-------------------|------------------------|
| | Thelma D. Harris | Case number (if known) |

Official Form B 6I Attachment for Additional Employment Information

| Debtor | | |
|---------------------|--------------------------|--|
| Occupation | financial services agent | |
| Name of Employer | World Financial Group | |
| How long employed | 2014 | |
| Address of Employer | 850 North Church Street | |
| | Rockford, IL 61103 | |

Official Form 106I Schedule I: Your Income page 3

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| EIII | in this informa | ation to identify yo | onicase. | | | | | | | | | |
|------------|-------------------------------------|--|----------------|---|--|-------------------|----------------|---|--|--|--|--|
| 1-111 | III IIIIS IIIIOIIIIa | mon to identify yo | iui case. | | | | | | | | | |
| Deb | Jeffrey C. Harris | | | | | Check if this is: | | | | | | |
| | Thelma D. Harris Spouse, if filing) | | | | | | | ☐ An amended filing ☐ A supplement showing postpetition chapter 13 expenses as of the following date: | | | | |
| Unit | ed States Bankı | ruptcy Court for the | : NORTH | ERN DISTRICT OF ILLIN | OIS | | M | M / DD / YYYY | | | | |
| 1 | e numbe r nown) | | | | | | | | | | | |
| Of | fficial Fo | rm 106J | | | | | | | | | | |
| | | J: Your I | Exner | 1989 | | | | | 12 <i>l</i> ° | | | |
| Be | as complete ormation. If m | and accurate as | possible. | If two married people ar ch another sheet to this | e filing together, bo form. On the top of | oth are eq | ually tiona | y responsible fo al pages, write y | r supplying correct | | | |
| Par 1. | t 1: Desci | ribe Your House | hold | | | | | | | | | |
| ١. | □ No. Go to | | | | | | | | | | | |
| | | es Debtor 2 live i | in a separ | ate household? | | | | | | | | |
| | ■ N □ Y | | st file Offici | al Form 106J-2, <i>Expenses</i> | for Separate House | ehold of De | ebtor | 2. | | | | |
| 2. | Do you hay | e dependents? | □ No | | | | | | | | | |
| ۷. | Do not list D Debtor 2. | - | Yes. | Fill out this information for each dependent | Dependent's relati | | | Dependent's age | Does dependent live with you? | | | |
| | Do not state dependents | | | | Son | | _ | 9 years old | □ No ■ Yes □ No □ Yes □ No □ Yes □ No □ Yes □ No | | | |
| 3. Par | expenses o yourself an | penses include if people other the d your dependen nate Your Ongoin | han nts? □ | No Yes | | | | | ☐ Yes | | | |
| Est exp | imate your ex | kpenses as of yo | our bankrı | uptcy filing date unless y y is filed. If this is a supp | | | | | | | | |
| the | | h assistance and | | government assistance i luded it on <i>Schedule I:</i>) | | | | Your expe | enses | | | |
| 4. | | or home owners | | ses for your residence. I | nclude first mortgage | e 4. | \$_ | | 1,240.00 | | | |
| | If not include | ded in line 4: | | | | | | | | | | |
| | 4a. Real | estate taxes | | | | 4a. | \$ | | 0.00 | | | |
| | | erty, homeowner's | | | | 4b. | \$ | | 0.00 | | | |
| | | · · | • | ipkeep expenses | | 4c. | · : - | | 300.00 | | | |
| 5. | | owner's associat mortgage payme | | oominium dues our residence, such as ho | me equity loans | 4d. 5. | | | 0.00 0.00 | | | |

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| Debtor 1 Debtor 2 | | Case number (if known) | |
|----------------------|--|------------------------|------------------------------|
| 6. Uti l | lities: | | |
| 6a. | Electricity, heat, natural gas | 6a. \$ | 200.00 |
| 6b. | Water, sewer, garbage collection | 6b. \$ | 50.00 |
| 6c. | Telephone, cell phone, Internet, satellite, and cable services | 6c. \$ | 550.00 |
| 6d. | Other. Specify: | 6d. \$ | 0.00 |
| . Foo | od and housekeeping supplies | 7. \$ | 800.00 |
| | ildcare and children's education costs | 8. \$ | 150.00 |
| . Clo | thing, laundry, and dry cleaning | 9. \$ | 150.00 |
| | sonal care products and services | 10. \$ | 150.00 |
| | dical and dental expenses | 11. \$ | 100.00 |
| | insportation. Include gas, maintenance, bus or train fare. | * | |
| | not include car payments. | 12. \$ | 350.00 |
| 3. Ent | tertainment, clubs, recreation, newspapers, magazines, and books | 13. \$ | 200.00 |
| I. Ch | aritable contributions and religious donations | 14. \$ | 400.00 |
| | urance. | | |
| | not include insurance deducted from your pay or included in lines 4 or 20. | | |
| | a. Life insurance | 15a. \$ | 162.00 |
| 15b | o. Health insurance | 15b. \$ | 0.00 |
| 150 | c. Vehicle insurance | 15c. \$ | 180.00 |
| 150 | d. Other insurance. Specify: | 15d. \$ | 0.00 |
| | res. Do not include taxes deducted from your pay or included in lines 4 or 20. | | |
| | ecify: | 16. \$ | 0.00 |
| | tallment or lease payments: | | _ |
| | a. Car payments for Vehicle 1 | 17a. \$ | 542.00 |
| | o. Car payments for Vehicle 2 | 17b. \$ | 0.00 |
| | c. Other. Specify: Legal shield plan | 17c. \$ | 40.00 |
| | I. Other. Specify: | 17d. \$ | 0.00 |
| | ur payments of alimony, maintenance, and support that you did not repo | | 0.00 |
| | ducted from your pay on line 5, Schedule I, Your Income (Official Form 10 | ,oi, | |
| | ner payments you make to support others who do not live with you. | \$ | 300.00 |
| | Debtor 1's mother | 19. | |
| | ner real property expenses not included in lines 4 or 5 of this form or on | | 0.00 |
| | a. Mortgages on other property | 20a. \$ | 0.00 |
| | o. Real estate taxes | 20b. \$ | 0.00 |
| | c. Property, homeowner's, or renter's insurance | 20c. \$ | 0.00 |
| | Maintenance, repair, and upkeep expenses | 20d. \$ | 0.00 |
| | e. Homeowner's association or condominium dues | 20e. \$ | 0.00 |
| 1. O th | ner: Specify: | 21+\$ | 0.00 |
| 2 Ca l | culate your monthly expenses | | |
| | a. Add lines 4 through 21. | \$ | 5,864.00 |
| | Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106 | | 3,004.00 |
| | | | 5 004 00 |
| 220 | c. Add line 22a and 22b. The result is your monthly expenses. | \$ | 5,864.00 |
| 3. Ca l | culate your monthly net income. | | |
| | a. Copy line 12 (your combined monthly income) from Schedule I. | 23a. \$ | 6,314.82 |
| | o. Copy your monthly expenses from line 22c above. | 23b\$ | 5,864.00 |
| | , , | · | |
| 230 | c. Subtract your monthly expenses from your monthly income. | | 450.00 |
| | The result is your monthly net income. | 23c. \$ | 450.82 |
| For | you expect an increase or decrease in your expenses within the year aft example, do you expect to finish paying for your car loan within the year or do you expect diffication to the terms of your mortgage? No. | | ase or decrease because of a |
| | | | |
| \Box | Yes. Explain here: | | |

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| Fill in this inforn | nation to identify your | case: | | |
|---------------------------------|---|----------------------------|---|---|
| Debtor 1 | Jeffrey C. Harris | | | |
| | First Name | Middle Name | Last Name | |
| Debtor 2 (Spouse if, filing) | Thelma D. Harris First Name | Middle Name | Last Name | |
| United States Ba | nkruptcy Court for the: | NORTHERN DISTRICT | OF ILLINOIS | |
| Case number (if known) | | | | ☐ Check if this is an amended filing |
| Official Form Declarat | • | ın Individual | Debtor's Schedul | es 12/15 |
| | | | | |
| If two married pe | ople are filing togethe | r, both are equally respor | nsible for supplying correct informa | tion. |
| obtaining money | | n connection with a bank | | alse statement, concealing property, or 5250,000, or imprisonment for up to 20 |
| Sign | n Below | | | |
| Did you pay | or agree to pay some | one who is NOT an attor | ney to help you fill out bankruptcy f | orms? |
| ■ No | | | | |
| ☐ Yes. N | lame of person | | | tach Bankruptcy Petition Preparer's Notice, eclaration, and Signature (Official Form 119) |
| | ty of perjury, I declare true and correct. | that I have read the sum | mary and schedules filed with this c | leclaration and |
| X /s/ Jeffi | rey C. Harris | | X /s/ Thelma D. Harris | |
| Jeffrey | C. Harris e of Debtor 1 | | Thelma D. Harris Signature of Debtor 2 | |
| | | | | |

Date **April 11, 2018**

Date **April 11, 2018**

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| Filli | n this inforr | nation to identify your | case: | | | |
|------------------|--------------------------|--|--|---|--|---|
| Deb | tor 1 | Jeffrey C. Harris | | | | |
| | | First Name | Middle Name | Last Name | | |
| Deb [®] | tor 2 se if, filing) | Thelma D. Harris | Middle Name | Last Name | | |
| | , 0, | | | | | |
| Unit | ed States Ba | nkruptcy Court for the: | NORTHERN DISTRICT | OF ILLINOIS | | |
| Case (if kno | e number _ | | | | _ | theck if this is an mended filing |
| | | rm 107 of Financial | Affairs for Indivi | duals Filing for B | ankruptcy | 4/16 |
| nfor numl | mation. If moer (if know | nore space is needed, n). Answer every ques | attach a separate sheet to stion. | this form. On the top of any | equally responsible for sup y additional pages, write you | |
| Part | | | rital Status and Where Yo | u Lived Before | | |
| 1. | What is you | r current marital statu | s? | | | |
| | ■ Married □ Not ma | | | | | |
| 2. | During the I | ast 3 years, have you | lived anywhere other than | where you live now? | | |
| | ■ No □ Yes. Lis | st all of the places you li | ved in the last 3 years. Do n | not include where you live now | <i>ı</i> . | |
| | Debtor 1 Pr | ior Address: | Dates Debtor 1 lived there | Debtor 2 Prior Ad | dress: | Dates Debtor 2 lived there |
| | | | | | ity property state or territory ico, Texas, Washington and W | |
| | ■ No | | | | | |
| | ☐ Yes. Ma | ake sure you fill out Sch | edule H: Your Codebtors (C | official Form 106H). | | |
| Part | 2 Explai | in the Sources of You | r Income | | | |
| | Fill in the tota | al amount of income you | received from all jobs and | ng a business during this yeall businesses, including parter together, list it only once ur | | ndar years? |
| | □ No | | | | | |
| | Yes. Fil | I in the details. | | | | |
| | | | Debtor 1 | | Debtor 2 | |
| | | | Sources of income Check all that apply. | Gross income (before deductions and exclusions) | Sources of income Check all that apply. | Gross income (before deductions and exclusions) |
| | | r year before that: ecember 31, 2016) | ■ Wages, commissions, bonuses, tips | \$74,660.46 | ■ Wages, commissions, bonuses, tips | \$30,706.28 |
| | | | ☐ Operating a business | | ☐ Operating a business | |

Official Form 107

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Jeffrey C. Harris Debtor 1 Debtor 2 Thelma D. Harris Case number (if known) Debtor 1 Debtor 2 Sources of income **Gross income** Sources of income **Gross income** Check all that apply. (before deductions and Check all that apply. (before deductions exclusions) and exclusions) \$3,408.45 \$0.00 □ Wages, commissions, ☐ Wages, commissions, bonuses, tips bonuses, tips Operating a business Operating a business \$31,210.26 For the calendar year: \$77,325.17 Wages, commissions. Wages, commissions. (January 1 to December 31, 2015) bonuses, tips bonuses, tips ☐ Operating a business Operating a business \$1,655.00 \$0.00 ☐ Wages, commissions, □ Wages, commissions, bonuses, tips bonuses, tips Operating a business Operating a business Did you receive any other income during this year or the two previous calendar years? Include income regardless of whether that income is taxable. Examples of other income are alimony; child support; Social Security, unemployment, and other public benefit payments; pensions; rental income; interest; dividends; money collected from lawsuits; royalties; and gambling and lottery winnings. If you are filing a joint case and you have income that you received together, list it only once under Debtor 1. List each source and the gross income from each source separately. Do not include income that you listed in line 4. Nο Yes. Fill in the details. **Debtor 1** Debtor 2 Sources of income Sources of income **Gross income Gross income from** Describe below. each source Describe below. (before deductions (before deductions and and exclusions) exclusions) Part 3: List Certain Payments You Made Before You Filed for Bankruptcy Are either Debtor 1's or Debtor 2's debts primarily consumer debts? Neither Debtor 1 nor Debtor 2 has primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose." During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$6,425* or more? □ No. Go to line 7. □ Yes List below each creditor to whom you paid a total of \$6,425* or more in one or more payments and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case. * Subject to adjustment on 4/01/19 and every 3 years after that for cases filed on or after the date of adjustment. Yes. Debtor 1 or Debtor 2 or both have primarily consumer debts. During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$600 or more? No. Go to line 7. □ Yes List below each creditor to whom you paid a total of \$600 or more and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case.

Total amount

naid

Amount you

still owe

Dates of payment

Creditor's Name and Address

Was this payment for ...

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| | | rey C. Harris Ima D. Harris | Document F | Caye 41 01 3 | ase number (if know | vn) | |
|------|-------------------------------------|--|--|---|---|----------------------------------|---|
| | Insiders incl | ar before you filed for bankruptoude your relatives; any general partial are an officer, director, person in you operate as a sole proprietor. 1 | rtners; relatives of any gene control, or owner of 20% or | eral partners, parti more of their voti | nerships of which ng securities; and | you are a general any managing a | al partner; corporations agent, including one for |
| | ■ No □ Yes. Li | st all payments to an insider. | | | | | |
| | Insider's N | ame and Address | Dates of payment | Total amount paid | Amount you still owe | | this payment |
| | insider? | ar before you filed for bankrupton | | nents or transfer | any property or | account of a d | ebt that benefited an |
| | ■ No | | | | | | |
| | | st all payments to an insider lame and Address | Dates of payment | Total amount | Amount you | | this payment |
| Part | - Liland | ify Legal Actions, Repossessior | | paid | still owe | Include cred | ditor's name |
| | List all such modification No | ar before you filed for bankrupto matters, including personal injury s, and contract disputes. Il in the details. | | | | | |
| | Case title | ber | Nature of the case | Court or agenc | у | Status of th | ne case |
| | Fifth Thir Jeffrey C | h Third Mortgage Company v. Foreclosure Winnebago County Circuit frey C. Harris, Thelma D. Harris, Court bital One Bank 400 West State Street | | t ■ Pending □ On appeal □ Concluded | | | |
| | People of Jeffrey C 17 TR 114 | | Traffic | Winnebago C Court 400 West Stat Rockford, IL 6 | te Street | ☐ Pending☐ On appe☐ Conclud | eal |
| | Check all th | ar before you filed for bankrupte at apply and fill in the details below to line 11. | | rty repossessed, | , foreclosed, gar | nished, attache | d, seized, or levied? |
| | _ | Il in the information below. | | | | | |
| | Creditor N | ame and Address | Describe the Property | | Da | te | Value of the property |
| | accounts o | ays before you filed for bankrup r refuse to make a payment bec Il in the details. | | uding a bank or f | financial instituti | on, set off any a | amounts from your |
| | Creditor N | ame and Address | Describe the action the | creditor took | Da tak | te action was en | Amount |
| | | ar before you filed for bankrupt inted receiver, a custodian, or a | | rty in the posses | sion of an assig | nee for the ben | efit of creditors, a |

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Debtor 1 Jeffrey C. Harris

| Deb | otor 2 Thelma D. Harris | Case numbe | r (if known) | |
|------------|--|---|---|-----------------------|
| | | | | |
| Par | t 5: List Certain Gifts and Contributions | 3 | | |
| 3. | Within 2 years before you filed for bankru | ptcy, did you give any gifts with a total value of more | than \$600 per person? | ? |
| | No | | | |
| | Yes. Fill in the details for each gift. | Describe the cife. | D-1 | Walana |
| | Gifts with a total value of more than \$600 per person | Describe the gifts | Dates you gave the gifts | Value |
| | Person to Whom You Gave the Gift and Address: | | | |
| 14. | Within 2 years before you filed for bankru | iptcy, did you give any gifts or contributions with a tot | tal value of more than | \$600 to any charity? |
| | □ No | | | |
| | Yes. Fill in the details for each gift or co | ontribution. | | |
| | Gifts or contributions to charities that to more than \$600 Charity's Name Address (Number, Street, City, State and ZIP Code) | , , , , | Dates you contributed | Value |
| | Deliverance Crusaders Center 2101 Auburn Street Rockford, IL 61103 | Money | Monthly ongoing contributions (\$400/mo.) | \$9,600.00 |
| | | | | |
| Par | t 6: List Certain Losses | | | |
| | how the loss occurred | Describe any insurance coverage for the loss | Date of your loss | Value of property |
| | | Include the amount that insurance has paid. List pending insurance claims on line 33 of <i>Schedule A/B: Property</i> . | | |
| Par | t 7: List Certain Payments or Transfers | | | |
| 16. | consulted about seeking bankruptcy or p | otcy, did you or anyone else acting on your behalf pay reparing a bankruptcy petition? reparers, or credit counseling agencies for services require | | rty to anyone you |
| | Person Who Was Paid Address Email or website address Person Who Made the Payment, if Not Yo | Description and value of any property transferred | Date payment or transfer was made | Amount of payment |
| | Loves Park Legal Clinic 535 Loves Park Drive Loves Park, IL 61111 | Payment for legal services | 4-6-18 | \$600.00 |
| 7 . | | otcy, did you or anyone else acting on your behalf pay itors or to make payments to your creditors? you listed on line 16. | or transfer any prope | rty to anyone who |
| | □ No | | | |
| | Yes. Fill in the details. | | | |
| | Person Who Was Paid Address | Description and value of any property transferred | Date payment or transfer was made | Amount of payment |

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Jeffrey C. Harris Debtor 2 Thelma D. Harris

Case number (if known)

| | Person Who Was Paid Address | Description and v transferred | Description and value of any property transferred | | Date payment or transfer was made | Amount of payment |
|--|---|---|---|----------------|---|---|
| | Puzon Law Group 6750 N. Andrews Avenue, Suite 200 Fort Lauderdale, FL 33309 | Payment for hel | p dealing with | n creditors | monthly payments of \$855/mo. from 07-2017 to 12-2017 | \$3,500.00 |
| | Within 2 years before you filed for bankruptcy, transferred in the ordinary course of your busi Include both outright transfers and transfers made include gifts and transfers that you have already li | iness or financial affa as security (such as t | nirs? he granting of a | | | |
| | Yes. Fill in the details. | | | | | |
| | Person Who Received Transfer Address | Description and v property transferr | | payment | e any property or is received or debts exchange | Date transfer was made |
| | Person's relationship to you | | | | | |
| 19. | Within 10 years before you filed for bankruptcy beneficiary? (These are often called asset-protection No | | y property to a | self-settled t | rust or similar device o | of which you are a |
| | ☐ Yes. Fill in the details. | | | | | |
| | Name of trust | Description and v | alue of the prop | perty transfe | rred | Date Transfer was made |
| Par | List of Certain Financial Accounts, Instru | uments, Safe Deposit | Boxes, and Sto | orage Units | | |
| 20. Within 1 year before you filed for bankruptcy, were any financial accounts or instruments held in your name, or for your benefit, closs sold, moved, or transferred? Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, brokers houses, pension funds, cooperatives, associations, and other financial institutions. | | | | | | |
| | Yes. Fill in the details. | | | | | |
| | | ast 4 digits of ccount number | Type of account instrument | c m | rate account was losed, sold, noved, or ransferred | Last balance before closing or transfer |
| 21. | Do you now have, or did you have within 1 yea cash, or other valuables? | nr before you filed for | bankruptcy, an | y safe depos | sit box or other deposi | tory for securities, |
| | ■ No □ Yes. Fill in the details. | | | | | |
| | Name of Financial Institution Address (Number, Street, City, State and ZIP Code) | Who else had acc Address (Number, State and ZIP Code) | | Describe the | e contents | Do you still have it? |
| 22. | Have you stored property in a storage unit or p | • | home within 1 | year before y | you filed for bankruptc | y? |
| | ■ No □ Yes. Fill in the details. | | | | | |
| | Name of Storage Facility Address (Number, Street, City, State and ZIP Code) | Who else has or h to it? Address (Number, State and ZIP Code) | | Describe the | e contents | Do you still have it? |
| | | | | | | |

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Debtor 1 **Jeffrey C. Harris** Debtor 2 **Thelma D. Harris**

Case number (if known)

| Pai | t 9: Identify Property You Hold or Control for | Someone Else | | | |
|-----|---|---|--------|-----------------------------------|-----------------------|
| 23. | Do you hold or control any property that some for someone. | one else owns? Include any prope | rty yo | ou borrowed from, are storing fo | r, or hold in trust |
| | ■ No | | | | |
| | Yes. Fill in the details. | | | | |
| | Owner's Name Address (Number, Street, City, State and ZIP Code) | Where is the property? (Number, Street, City, State and ZIP Code) | Des | scribe the property | Value |
| Pai | t 10: Give Details About Environmental Inform | ation | | | |
| For | the purpose of Part 10, the following definitions | apply: | | | |
| | Environmental law means any federal, state, or toxic substances, wastes, or material into the a regulations controlling the cleanup of these su | ir, land, soil, surface water, groun | | • | |
| | Site means any location, facility, or property as to own, operate, or utilize it, including disposal | | law, | whether you now own, operate, | or utilize it or used |
| | Hazardous material means anything an environ hazardous material, pollutant, contaminant, or | | s was | ste, hazardous substance, toxic | substance, |
| Rep | ort all notices, releases, and proceedings that y | ou know about, regardless of whe | n the | y occurred. | |
| 24. | Has any governmental unit notified you that yo | u may be liable or potentially liable | e und | er or in violation of an environm | ental law? |
| | ■ No □ Yes. Fill in the details. | | | | |
| | Name of site Address (Number, Street, City, State and ZIP Code) | Governmental unit Address (Number, Street, City, State an ZIP Code) | | Environmental law, if you know it | Date of notice |
| 25. | Have you notified any governmental unit of any | release of hazardous material? | | | |
| | ■ No □ Yes. Fill in the details. | | | | |
| | Name of site Address (Number, Street, City, State and ZIP Code) | Governmental unit Address (Number, Street, City, State an ZIP Code) | nd | Environmental law, if you know it | Date of notice |
| 26. | Have you been a party in any judicial or admini | strative proceeding under any env | rironn | nental law? Include settlements | and orders. |
| | ■ Na | | | | |
| | ■ No □ Yes. Fill in the details. | | | | |
| | Case Title Case Number | Court or agency Name Address (Number, Street, City, State and ZIP Code) | Nat | ure of the case | Status of the case |
| Pai | t 11: Give Details About Your Business or Con | • | | | |
| | Within 4 years before you filed for bankruptcy, | • | ny of | the following connections to an | v husinass? |
| 21. | A sole proprietor or self-employed in a | • | - | - | y busiliess: |
| | | | | | |
| | ☐ A member of a limited liability company☐ A partner in a partnership | (LLC) or infinited hability partnersh | ııþ (∟ | LF <i>)</i> | |
| | ☐ An officer, director, or managing execu | tive of a cornoration | | | |
| | ☐ An owner of at least 5% of the voting or | | 1 | | |

Entered 04/11/18 10:42:31 Case 18-80791 Doc 1 Filed 04/11/18 Desc Main Page 45 of 52 Document Jeffrey C. Harris Debtor 1 Thelma D. Harris Debtor 2 Case number (if known) ■ No. None of the above applies. Go to Part 12. Yes. Check all that apply above and fill in the details below for each business. Describe the nature of the business **Employer Identification number Business Name Address** Do not include Social Security number or ITIN. (Number, Street, City, State and ZIP Code) Name of accountant or bookkeeper **Dates business existed** EIN: **World Financial Group Financial services** 850 North Church Street From-To approximately 27 years Rockford, IL 61103 28. Within 2 years before you filed for bankruptcy, did you give a financial statement to anyone about your business? Include all financial institutions, creditors, or other parties. Nο Yes. Fill in the details below. Name **Date Issued** Address (Number, Street, City, State and ZIP Code) Part 12: Sign Below I have read the answers on this Statement of Financial Affairs and any attachments, and I declare under penalty of perjury that the answers are true and correct. I understand that making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571. /s/ Jeffrey C. Harris /s/ Thelma D. Harris Jeffrey C. Harris Thelma D. Harris Signature of Debtor 1 Signature of Debtor 2 Date April 11, 2018 April 11, 2018 Did you attach additional pages to Your Statement of Financial Affairs for Individuals Filing for Bankruptcy (Official Form 107)? ■ No ☐ Yes Did you pay or agree to pay someone who is not an attorney to help you fill out bankruptcy forms? ☐ Yes. Name of Person _____. Attach the Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119).

Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

This notice is for you if:

You are an individual filing for bankruptcy, and

Your debts are primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of Bankruptcy Code:

Chapter 7 - Liquidation

Chapter 11 - Reorganization

Chapter 12 - Voluntary repayment plan for family farmers or fishermen

Chapter 13 - Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

| Chapter 7: | Liquidation |
|------------|--------------------|
| \$245 | filing fee |
| \$75 | administrative fee |
| + \$15 | trustee surcharge |
| \$335 | total fee |

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their nonexempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

most taxes;

most student loans;

domestic support and property settlement obligations;

most fines, penalties, forfeitures, and criminal restitution obligations; and

certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or theft;

fraud or defalcation while acting in breach of fiduciary capacity;

intentional injuries that you inflicted; and

death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A–1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A–2).

If your income is above the median for your state, you must file a second form —the *Chapter 7 Means Test Calculation* (Official Form 122A–2). The calculations on the form— sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

Chapter 11: Reorganization

\$1,167 filing fee

+ \$550 administrative fee \$1,717 total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

Read These Important Warnings

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Chapter 12: Repayment plan for family farmers or fishermen

| | \$200 | filing fee |
|---|-------|--------------------|
| + | \$75 | administrative fee |
| | \$275 | total fee |

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

Chapter 13: Repayment plan for individuals with regular income

| | \$235 | filing tee |
|---|-------|--------------------|
| + | \$75 | administrative fee |
| | \$310 | total fee |

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

domestic support obligations,

most student loans,

certain taxes,

debts for fraud or theft,

debts for fraud or defalcation while acting in a fiduciary capacity,

most criminal fines and restitution obligations,

certain debts that are not listed in your bankruptcy papers,

certain debts for acts that caused death or personal injury, and

certain long-term secured debts.

Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to: http://www.uscourts.gov/bkforms/bankruptcy_forms.html#procedure.

Bankruptcy crimes have serious consequences

If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.

All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days *before* you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: http://justice.gov/ust/eo/hapcpa/ccde/cc_approved.html

In Alabama and North Carolina, go to: http://www.uscourts.gov/FederalCourts/Bankruptcy/Bankruptcy/BankruptcyResources/ApprovedCredit AndDebtCounselors.aspx.

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list. Case 18-80791 Doc 1 Filed 04/11/18 Entered 04/11/18 10:42:31 Desc Main Document Page 50 of 52

United States Bankruptcy Court Northern District of Illinois

| In re | Jeffrey C. Harris Thelma D. Harris | | Case No. | |
|-------|--|---|----------------|---------------------------|
| | | Debtor(s) | Chapter | 13 |
| | VE | RIFICATION OF CREDITOR MA | | 20 |
| | | Number of C | creditors: _ | 20 |
| | The above-named Debtor(s) (our) knowledge. | hereby verifies that the list of creditor | rs is true and | correct to the best of my |
| Date: | April 11, 2018 | /s/ Jeffrey C. Harris | | |
| | | Jeffrey C. Harris | | |
| | | Signature of Debtor | | |
| Date: | April 11, 2018 | /s/ Thelma D. Harris | | |
| | | Thelma D. Harris | | |
| | | Signature of Debtor | | |

Asset Recovery Solutions 2200 E. Devon Avenue Suite 200 Des Plaines, IL 60018

Barclay Bank PO Box 8833 Wilmington, DE 19899

Barclays Bank PO Box 23870 Jacksonville, FL 32241

Capital Management Services 698 1/2 S. Ogden Street Buffalo, NY 14206

Capital One 15000 Capital One Drive Henrico, VA 23238

Capital One Bank PO Box 6492 Carol Stream, IL 60197

Credit One Bank PO Box 98875 Las Vegas, NV 89193

Fifth Third Bank 5050 Kingsley Drive Cincinnati, OH 45227

First Premier Bank PO Box 5147 Sioux Falls, SD 57117

First Savings Credit Card PO Box 2509 Omaha, NE 68103

LVNV Funding C/O Resurgent Capital Services Po Box 166 Greenville, SC 29602 MercyHealth 2300 North Rockton Avenue Rockford, IL 61103

Merrick Bank PO Box 660702 Dallas, TX 75266

Merrill Lynch 6958 Spring Creek Road Rockford, IL 61114

Nissan Motor Acceptance PO Box 660360 Dallas, TX 75266

Overstock PO Box 659707 San Antonio, TX 78265

Penn Foster School PO Box 75 Archbald, PA 18403

Premier Bank Card LLC PO Box 5507 Sioux Falls, SD 57117

SYNCB/Amazon PO Box 965015 Orlando, FL 32896

SYNCB/Paypal PO Box 965005 Orlando, FL 32896